



SEARCH REPORT

UCC Search Report

Type of Search	UCCs and State Tax Liens
Jurisdiction/Filing Office	State of Pennsylvania, Secretary of State Uniform Commercial Code Division
Indexed Through	May. 14, 2020
Subject Search Name	FREDERICK LARRY
Search Key Entered	FREDERICK, L

Results

Based on a search of the indices of the Uniform Commercial Code Division of the Secretary of State of Pennsylvania, there are no active liens of record other than those set out below. Liens reflected in this report were based on the searcher's individual search parameters, the search key entered, as well as the searcher's choice of the liens ultimately included or excluded herein. Certification can only be obtained through the office of the Pennsylvania Secretary of State.

1. UCC

Document No.	20030479147	Lapses 5/14/2023
Filed	5/14/2003	
Debtor	FREDERICK, LARRY R R. R. #2, BOX 242 MARTINSBURG PA 16662	
Debtor	FREDERICK, SHARON E R. R. #2, BOX 242 MARTINSBURG PA 16662	
Debtor	RICH-LOU FARMS R. D. #2 MARTINSBURG PA 16662	
Secured Party	UNITED STATES OF AMERICA, ACTING THROUGH THE FARM SERVICE AGENCY, UNITED STATES DEPARTMENT OF AGRICULTURE 10605 RAYSTOWN RD., STE B HUNTINGDON PA 16652	
Secured Party	USA ACTING THROUGH USDA, FARM SERVICE AGENCY 1407 BLAIR STREET HOLLIDAYSBURG PA 16648	
Amendment Type	Continuation	
File No.	2007120500455	
Filed	12/4/2007 8:30:00 AM	
Amendment Type	Amendment Collateral	
File No.	2009070908921	
Filed	7/9/2009 8:00:00 AM	
Amendment Type	Amendment Parties	
File No.	2010121402948	

Amendment Type Continuation
File No. 2012111501267
Filed 11/15/2012 9:19:00 AM

Amendment Type Continuation
File No. 2017111500647
Filed 11/15/2017 11:49:00 AM

2. UCC

Document No. 2011042803932 Lapses 4/28/2021
Filed 4/28/2011

Debtor FREDERICK, LARRY R.
 1098 FREDERICK RD.
 MARTINSBURG PA 16662

Debtor FREDERICK, SHARON E.
 1098 FREDERICK RD.
 MARTINSBURG PA 16662

Secured Party

Secured Party GROWMARK FS, LLC
 308 NE FRONT STREET
 MILFORD DE 19963

Amendment Type Continuation
File No. 2016031801432
Filed 3/18/2016 2:04:00 PM

3. UCC

Document No. 2014042405047 Lapses 4/24/2024
Filed 4/24/2014

Debtor FREDERICK, LARRY R
 1098 FREDERICK ROAD
 MARTINSBURG PA 16662

Debtor FREDERICK, SHARON E
 1098 FREDERICK ROAD
 MARTINSBURG PA 16662

Secured Party SUSQUEHANNA COMMERCIAL FINANCE, INC.
 2 COUNTRY VIEW ROAD, SUITE 300
 MALVERN PA 19355

Amendment Type Continuation
File No. 2019031401795
Filed 3/14/2019 4:16:00 PM

4. UCC

Document No. 2014110702139 **Lapsed 11/7/2019**
Filed 11/7/2014

Debtor FREDERICK, LARRY R
 1098 FREDERICK RD
 MARTINSBURG PA 16662

Debtor FREDERICK, LARRY RICHARD
 1098 FREDERICK RD
 MARTINSBURG PA 16662

Debtor FREDERICK, SHARON E
 1098 FREDERICK RD
 MARTINSBURG PA 16662

Secured Party STEARNS BANK N.A.
 500 13TH STREET
 ALBANY MN 56307

5. UCC

Document No. 2014121904902 **Lapsed 12/19/2019**
Filed 12/19/2014

Exhibit 1 Page 3 of 22

Debtor FREDERICK, LARRY R
1098 FREDERICK RD
MARTINSBURG PA 16662

Secured Party GE CAPITAL COMMERCIAL INC.
PO BOX 35701
BILLINGS MT 59107-5701

6. UCC

Document No. 2016011400382 **Lapses** 1/8/2021
Filed 1/8/2016

Debtor FREDERICK, LARRY R
1098 FREDERICK ROAD
MARTINSBURG PA 16662

Debtor FREDERICK, SHARON E
1098 FREDERICK ROAD
MARTINSBURG PA 16662

Secured Party M&T BANK
ONE M&T PLAZA
BUFFALO NY 14203

7. NOAItType

Document No. 2018022600889 **Lapses** 2/26/2023
Filed 2/26/2018

Debtor FREDERICK, LARRY RICHARD
1098 FREDERICK ROAD
MARTINSBURG PA 16662

Debtor FREDERICK, SHARON E
1098 FREDERICK ROAD
MARTINSBURG PA 16662

Secured Party M&T BANK
ONE M&T PLAZA
BUFFALO NY 14203

8. UCC

Document No. 2018122800209 **Lapses** 12/28/2023
Filed 12/28/2018

Debtor FREDERICK, LARRY R
1098 FREDERICK ROAD
MARTINSBURG PA 16662

Debtor FREDERICK, LARRY RICHARD
1098 FREDERICK ROAD
MARTINSBURG PA 16662

Debtor FREDERICK, SHARON E
1098 FREDERICK ROAD
MARTINSBURG PA 16662

Debtor RICH-LOU FARMS
1098 FREDERICK ROAD
MARTINSBURG PA 16662

Secured Party

Secured Party CARGILL, INCORPORATED
P.O. BOX 6034
FARGO ND 58108

We assume no liability with respect to the identity of any party named or referred to in this report, nor with respect to the validity, legal effect or priority of any matter shown herein; nor, due to our inability to independently verify the accuracy of this data as provided by government and other sources, do we make any guaranty or representation as to its accuracy.

----- END OF REPORT -----

Report Parameters

The UCC Revised Article 9 Model Administrative Rules (MARs) provides state filing offices with a set of guidelines for producing a legally compliant UCC lien search report. The search tool used to create this search report was designed to satisfy the requirements under MARS while providing the searcher with increased flexibility.

Flexible search logic generates a more inclusive search report and addresses the inconsistencies in searches performed within states that did not effectively adopt the MARS guidelines. Further, these specially designed broad-based searching features aid in the location of involuntary liens such as Federal and State Tax Liens and Judgment Liens and liens that may not be located in state databases limited to the MARS guidelines for the reporting of UCCs.



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front back) CAREFULLY

PA UCC - UCC008269

A NAME & PHONE OF CONTACT AT FILER (optional) Rick Steis (814) 695-1881
B SEND ACKNOWLEDGMENT TO (Name and Address) USDA, Farm Service Agency 1407 Blair Street Hollidaysburg, PA 16648

Filing Number: 846478
Statement Number: 20030479147
Filing Date: 5/14/03 21:28
Microfilm Number: 37370165

846478

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names
1a ORGANIZATION'S NAME

OR 1b INDIVIDUAL'S LAST NAME Frederick	FIRST NAME Larry	MIDDLE NAME R	SUFFIX	
1c MAILING ADDRESS R. R. #2, Box 242	CITY Martinsburg	STATE PA	POSTAL CODE 16662	COUNTRY US
1d TAX ID # SSN OR EIN	ADDL INFO RE ORGANIZATION DEBTOR	1e TYPE OF ORGANIZATION	1f JURISDICTION OF ORGANIZATION	1g ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names
2a ORGANIZATION'S NAME

OR 2b INDIVIDUAL'S LAST NAME Frederick	FIRST NAME Sharon	MIDDLE NAME E	SUFFIX	
2c MAILING ADDRESS R. R. #2, Box 242	CITY Martinsburg	STATE PA	POSTAL CODE 16662	COUNTRY US
2d TAX ID # SSN OR EIN	ADDL INFO RE ORGANIZATION DEBTOR	2e TYPE OF ORGANIZATION	2f JURISDICTION OF ORGANIZATION	2g ORGANIZATION ID #, if any <input type="checkbox"/> NONE

3 SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a ORGANIZATION'S NAME USA acting through USDA, Farm Service Agency	FIRST NAME	MIDDLE NAME	SUFFIX	
OR 3b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c MAILING ADDRESS 1407 Blair Street	CITY Hollidaysburg	STATE PA	POSTAL CODE 16648	COUNTRY US

4 This FINANCING STATEMENT covers the following collateral

All livestock and proceeds and products thereof now owned or hereafter acquired.

DISPOSITION OF SUCH IS NOT HEREBY AUTHORIZED.

5 ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	A G LIEN	NON-UCC FILING
6 This FINANCING STATEMENT is to filed (for record) (or recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable)	7 Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)	All Debtors	Debtor 1	Debtor 2		
8 OPTIONAL FILER REFERENCE DATA						



PA UCC - UCC008270

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Jack R. Keith (814) 672-5396

B SEND ACKNOWLEDGEMENT TO: (Name and Address)

CSB Bank
PO Box 354
1475 Main Street
Coalport, PA 16627

Filing Number: 846534

Statement Number: 20030479157

Filing Date: 5/14/03 21:28

Microfilm Number: 37370167

846534 ✓

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names**1a ORGANIZATION'S NAME**

Randy J. Slovikosky d/b/a Slovikosky Landscaping

OR

1b INDIVIDUAL'S LAST NAME**FIRST NAME****MIDDLE NAME****SUFFIX****1c MAILING ADDRESS**

355 Spinney Road

CITY

Gallitzin

STATE

PA

POSTAL CODE

16641

COUNTRY

USA

1d TAX ID # SSN OR EIN**ADD L INFO RE
ORGANIZATION
DEBTOR****1e TYPE OF ORGANIZATION**

Individual

1f JURISDICTION OF ORGANIZATION**1g ORGANIZATIONAL ID #, if any**☒ NONE**2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (2a or 2b) - do not abbreviate or combine names**2a ORGANIZATION'S NAME**

OR

2b INDIVIDUAL'S LAST NAME**FIRST NAME****MIDDLE NAME****SUFFIX****2c MAILING ADDRESS****CITY****STATE****POSTAL CODE****COUNTRY****2d TAX ID # SSN OR EIN****ADD L INFO RE
ORGANIZATION
DEBTOR****2e TYPE OF ORGANIZATION****2f JURISDICTION OF ORGANIZATION****2g ORGANIZATIONAL ID #, if any**☐ NONE**3 SECURED PARTY'S NAME** (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)**3a ORGANIZATION'S NAME**

CSB BANK

OR

3b INDIVIDUAL'S LAST NAME**FIRST NAME****MIDDLE NAME****SUFFIX****3c MAILING ADDRESS**

434 State Street, P.O. Box 29

CITY

Curwensville

STATE

PA

POSTAL CODE

16833

COUNTRY**4 This FINANCING STATEMENT covers the following collateral**

1996 Caterpillar 953 B Track Loader Serial #5MK02761; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds) Cash proceeds, namely checks and/or deposit accounts, or anything else received from the sale, exchange, or other disposition of the collateral.

5 ALTERNATIVE DESIGNATION (if applicable) ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG LIEN ☐ NON-UCC FILING

6 This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Attach Addendum ☐ 7 Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8 OPTIONAL FILER REFERENCE DATA

File Number: 2007120500455
Date Filed: 12/04/2007 08:30 AM
Pedro A. Cortés
Secretary of the Commonwealth

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Christine Farabaugh 814 627-1624

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

USDA, Farm Service Agency
10605 Raystown RD., STE B
Huntingdon, PA 16652

Commonwealth of Pennsylvania
UCC3 Amendment 2 Page(s)



T0733865252

1a. INITIAL FINANCING STATEMENT FILE
20030479147

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1b. This FINANCING STATEMENT AMENDMENT is to
be filed (for record) (or recorded) in the
REAL ESTATE RECORDS.

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☒ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☐ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ☐ DELETE name: Give record name to be deleted in item 6a or 6b. ☐ ADD name: Complete item 7a or 7b, and also item 7c; also complete item 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME
Frederick

FIRST NAME	MIDDLE NAME	SUFFIX
Larry	R	

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY

7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

USDA, Farm Service Agency

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
20030479147

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

USDA, Farm Service Agency

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Additional Debtor on original:

Frederick, Sharon E
RR 2 Box 242
Martinsburg, PA 16662

File Number: 2009070908921
Date Filed: 07/09/2009 08:00 AM
Pedro A. Cortés
Secretary of the Commonwealth

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Christine Farabaugh 814 627-1624	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) USDA, Farm Service Agency 10605 Raystown RD., STE B Huntingdon, PA 16652	

Commonwealth of Pennsylvania
UCC3 Amendment 1 Page(s)



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 20030479147		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>	
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.			
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.			
4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).			
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
OR			
6b. INDIVIDUAL'S LAST NAME Frederick		FIRST NAME Larry	MIDDLE NAME R SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR			
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☒ restated collateral description, or describe collateral ☐ assigned.

Including proceeds and products thereof: All accounts, general intangibles, crops, livestock, supplies, other farm products, and farm and other equipment now owned or hereafter acquired.

Disposition of such collateral is not hereby authorized

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME USDA, Farm Service Agency			
OR			
9b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA

File Number: 2010121402948

Date Filed: 12/13/2010 08:00 AM

Basil L Merenda

Secretary of the Commonwealth

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Christine Farabaugh 814 627-1624

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

USDA, Farm Service Agency
10605 Raystown RD., STE B
Huntingdon, PA 16652Commonwealth of Pennsylvania
UCC3 Amendment 1 Page(s)

T1034847018

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

20030479147

1b. This FINANCING STATEMENT AMENDMENT is
to be filed [for record] (or recorded) in the
☐ REAL ESTATE RECORDS.2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.4. ☐ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☒ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☒ CHANGE name and/or address: Please refer to the detailed instructions
in regards to changing the name/address of a party.☐ DELETE name: Give record name
to be deleted in item 6a or 6b.☐ ADD name: Complete item 7a or 7b, and also item 7c;
also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME

Frederick

FIRST NAME

Larry

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

United States of America, acting through the Farm Service Agency, United States Department of Agriculture

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

10605 Raystown RD., STE B

CITY

Huntingdon

STATE

PA

POSTAL CODE

16652

COUNTRY

7d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

☐ NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

United States of America, acting through the Farm Service Agency, United States Department of Agriculture

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

File Number: 2012111501267
Date Filed: 11/15/2012 09:19 AM
Carol Aichele
Secretary of the Commonwealth

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company (425) 609-1700
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Corporation Service Company 801 Adlai Stevenson Dr Springfield IL 62703 EMail: filingdept@cscinfo.com

Barcode too big to fit in this area

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 20030479147	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>				
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.					
3. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.					
4. <input type="checkbox"/> ASSIGNMENT (full or partial)					
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address <input type="checkbox"/> DELETE name <input type="checkbox"/> ADD name					
6. CURRENT RECORD INFORMATION:					
1a. ORGANIZATION'S NAME					
OR	<table border="1"> <tr> <td>1b. INDIVIDUAL'S LAST NAME Frederick</td> <td>FIRST NAME Larry</td> <td>MIDDLE NAME</td> <td>SUFFIX</td> </tr> </table>	1b. INDIVIDUAL'S LAST NAME Frederick	FIRST NAME Larry	MIDDLE NAME	SUFFIX
1b. INDIVIDUAL'S LAST NAME Frederick	FIRST NAME Larry	MIDDLE NAME	SUFFIX		
8. AMENDMENT (COLLATERAL CHANGE)					
Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned					

9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT <input type="checkbox"/> DEBTOR authorizing this amendment			
9a. ORGANIZATION'S NAME United States of America, acting through Farm Service Agency, United States Department of Agriculture			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX

10. OPTIONAL FILER REFERENCE DATA

71293709A1949 Debtor: Larry Frederick [71293709]

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company-(800) 858-5294				
B. E-MAIL CONTACT AT FILER (optional) filingdept@cscinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Corporation Service Company COUNTER Springfield IL 62703 United States</div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				

1a. INITIAL FINANCING STATEMENT FILE NUMBER 20030479147	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13					
2. <input type="checkbox"/> TERMINATION: Effectiveness of the financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement						
3. <input type="checkbox"/> ASSIGNMENT: (Full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8						
4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.						
5. <input type="checkbox"/> PARTY INFORMATION CHANGE Check one of these two boxes: <input type="checkbox"/> This Change affects Debtor or <input type="checkbox"/> Secured Party of record AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: give record name to be deleted in item 6a or 6b						
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)						
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">6a ORGANIZATION'S NAME</div><div style="width: 60%;">6b INDIVIDUAL'S SURNAME Frederick</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 30%;">FIRST PERSONAL NAME Larry</div><div style="width: 30%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 40%;">SUFFIX</div></div>						
7. CHANGED OR ADDED INFORMATION: Completed for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's Name)						
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">7a ORGANIZATION'S NAME</div><div style="width: 60%;">7b INDIVIDUAL'S SURNAME</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 70%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 30%;">SUFFIX</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 40%;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 60%;">SUFFIX</div></div>						
7c <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">MAILING ADDRESS</td><td style="width: 20%;">CITY</td><td style="width: 10%;">STATE</td><td style="width: 15%;">POSTAL CODE</td><td style="width: 15%;">Country</td></tr></table>		MAILING ADDRESS	CITY	STATE	POSTAL CODE	Country
MAILING ADDRESS	CITY	STATE	POSTAL CODE	Country		
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate Collateral:						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor						
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">9a ORGANIZATION'S NAME United States of America, acting through Farm Service Agency, United States Department of Agriculture</div><div style="width: 60%;">9b INDIVIDUAL'S SURNAME</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 30%;">FIRST PERSONAL NAME</div><div style="width: 30%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 40%;">SUFFIX</div></div>						
10. OPTIONAL FILER REFERENCE DATA: Debtor: Larry Frederick [138854106]						

File Number: 2011042803932
Date Filed: 04/28/2011 02:01 PM
Carol Aichele
Secretary of the Commonwealth

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] NCS UCC Services Group
B. SEND ACKNOWLEDGMENT TO: (Name and Address) NCS UCC Services Group PO Box 24101 Cleveland OH 44124 EMail: ucc@ncscredit.com

Barcode too big to fit in this area

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**1. DEBTOR'S EXACT FULL LEGAL NAME**

1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S LAST NAME Frederick		FIRST NAME Larry	MIDDLE NAME R.	SUFFIX
1c. MAILING ADDRESS 1098 Frederick Rd.		CITY Martinsburg	STATE PA	POSTAL CODE 16662	COUNTRY USA
1e. TYPE OF ORGANIZATION SoleProprietorship		1f. JURISDICTION OF ORGANIZATION PA	1g. ORGANIZATIONAL ID # None <input type="checkbox"/> None		

2. DEBTOR'S EXACT FULL LEGAL NAME

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME Frederick		FIRST NAME Sharon	MIDDLE NAME E.	SUFFIX
2c. MAILING ADDRESS 1098 Frederick Rd.		CITY Martinsburg	STATE PA	POSTAL CODE 16662	COUNTRY USA
2e. TYPE OF ORGANIZATION SoleProprietorship		2f. JURISDICTION OF ORGANIZATION PA	2g. ORGANIZATIONAL ID # None <input type="checkbox"/> None		

1. SECURED PARTY'S NAME

2a. ORGANIZATION'S NAME Growmark FS, LLC					
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 308 NE Front Street		CITY Milford	STATE DE	POSTAL CODE 19963	COUNTRY USA

This FINANCING STATEMENT covers the following collateral:

To secure the performance of all agreements contained herein and the payment of any and all of Debtor's indebtedness to Company, of every kind and character, direct or indirect, absolute or contingent, whether as maker, endorser, guarantor or surety, whether now existing or hereafter incurred, and whether such indebtedness is from time to time reduced and thereafter increased or entirely extinguished and thereafter reincurred, including but not limited to, indebtedness evidenced by promissory notes or other instruments executed by Debtor to the order of the Company, credit extended by the Company on open account to Debtor, future advances and any sums advanced by the Company in the performance of Debtor's obligations hereunder, any licenses, fees, insurance and repairs with respect to Collateral, and an attorney fees and other charges and expenses incurred in the collection of the obligations secured hereby ("the Indebtedness"), Debtor hereby grants Company a security interest in and to all personal property of the Debtor, including without limitation, the following described property, whether now owned or hereafter acquired by Debtor, including all additions, replacements, accessories, accessions, increases, substitutions and parts thereto and thereof, and all proceeds, accounts and general intangibles, contract rights, government payments,

5. ALTERNATE NAME DESIGNATION ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAIOLR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC

6. ☐ This FINANCING STATEMENT is to be filed[for record] (or recorded) int the REAL ESTATE RECORDS.

8. OPTIONAL FILER REFERENCE DATA

100000020110428140137 UCC# U094803

subsidies, entitlements and allotments related thereto or arising therefrom and all products thereof, ("the Collateral"); ACCOUNTS AND DOCUMENTS OF TITLE: Including, but not limited to, all accounts receivable, notes, drafts, acceptances, milk contract rights, and all other forms of obligations or receivables ("ACCOUNTS") and all bills of lading, dock warrants and receipts, warehouse receipts, and any other document which evidences that the person in possession of it is entitled to receive, hold, and dispose of the document and the goods it covers ("DOCUMENTS"). LIVESTOCK: All livestock, poultry, and fish, including, but not limited to other animals produced, used or held for commercial or farming purposes, and unborn young ("LIVESTOCK"). CROPS: All growing and harvested crops, annual and perennial crops and other plant products, now growing or hereafter to be planted or harvested ("CROPS"). FARM PRODUCTS: All farm products, including but not limited to, all seed, fertilizer, feed, medicines, harvested and stored grain, milk and other supplies or products used or produced in farming operations ("FARM PRODUCTS"). EQUIPMENT: All farm and business equipment including but limited to, all machinery, vehicles and tools ("EQUIPMENT"). Any equipment described in a list or schedule I give you will be included as Collateral, but such a list is not necessary for a valid secured interest in such equipment.

Date Filed : 03/18/2016
Pedro A. Cortés
Secretary of the Commonwealth

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) NCS UCC Services Group-									
B. E-MAIL CONTACT AT FILER (optional) ucc@ncscredit.com									
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>									
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY									
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2011042803932		1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13							
2. <input type="checkbox"/> TERMINATION: Effectiveness of the financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement									
3. <input type="checkbox"/> ASSIGNMENT: (Full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8									
4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.									
5. <input type="checkbox"/> PARTY INFORMATION CHANGE Check one of these two boxes: <input type="checkbox"/> This Change affects Debtor or <input type="checkbox"/> Secured Party of record AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: give record name to be deleted in item 6a or 6b									
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)									
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">6a ORGANIZATION'S NAME</div><div style="width: 60%;">6b INDIVIDUAL'S SURNAME</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 30%;">FIRST PERSONAL NAME</div><div style="width: 30%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 40%;">SUFFIX</div></div>									
7. CHANGED OR ADDED INFORMATION: Completed for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's Name)									
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">7a ORGANIZATION'S NAME</div><div style="width: 60%;">7b INDIVIDUAL'S SURNAME</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 80%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%;">SUFFIX</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 70%;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 30%;">SUFFIX</div></div>									
7c. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">MAILING ADDRESS</td><td style="width: 20%;">CITY</td><td style="width: 10%;">STATE</td><td style="width: 15%;">POSTAL CODE</td><td style="width: 15%;">Country</td></tr></table>					MAILING ADDRESS	CITY	STATE	POSTAL CODE	Country
MAILING ADDRESS	CITY	STATE	POSTAL CODE	Country					
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate Collateral:									
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor									
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">9a ORGANIZATION'S NAME Growmark FS, LLC</div><div style="width: 60%;">9b INDIVIDUAL'S SURNAME</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 30%;">FIRST PERSONAL NAME</div><div style="width: 30%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 40%;">SUFFIX</div></div>									
10. OPTIONAL FILER REFERENCE DATA: UCC# U094803									

International Association of Commercial Administrators (IACA)

File Number: 2014042405047
Date Filed: 04/24/2014 02:50 PM
Carol Aichele
Secretary of the Commonwealth

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CT Lien Solutions
B. E-MAIL CONTACT AT FILER (optional) qiang.xu@wkglobal.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) CT Lien Solutions PO Box 3248 Houston TX 77253

Barcode too big to fit in this area

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S SURNAME
FREDERICKFIRST PERSONAL NAME
LARRYADDITIONAL NAME(S)/INITIAL(S)
R

SUFFIX

1c. MAILING ADDRESS

1098 FREDERICK ROADCITY
MARTINSBURGSTATE
PAPOSTAL CODE
16662COUNTRY
USA

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME
FREDERICKFIRST PERSONAL NAME
SHARONADDITIONAL NAME(S)/INITIAL(S)
E

SUFFIX

2c. MAILING ADDRESS

1098 FREDERICK ROADCITY
MARTINSBURGSTATE
PAPOSTAL CODE
16662COUNTRY
USA

3. **SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY):** Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

SUSQUEHANNA COMMERCIAL FINANCE, INC.

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

2 COUNTRY VIEW ROAD, SUITE 300CITY
MALVERNSTATE
PAPOSTAL CODE
19355COUNTRY
USA

4. **COLLATERAL:** This financing statement covers the following collateral:

GOODS, SOFTWARE AND EQUIPMENT FINANCED BY SECURED PARTY THROUGH "PURCHASE MONEY" OR LEASE TRANSACTIONS (COLLECTIVELY, "SCF FINANCED GOODS") WHETHER NOW EXISTING OR HEREAFTER IN EXISTENCE, BEING EITHER:

A. GOODS WHICH ARE THE SUBJECT OF EXISTING AND FUTURE LEASING AGREEMENTS BETWEEN DEBTOR AS LESSEE AND SECURED PARTY AS LESSOR, OR

B. GOODS ACQUIRED BY DEBTOR THROUGH CASH ADVANCES OR CREDIT PROVIDED BY SECURED PARTY.

SCF FINANCED GOODS SHALL INCLUDE, WITHOUT LIMITATION:

(I) VEHICLES, TOOLS, AND APPLIANCES;

(II) THE FOLLOWING TYPES OF EQUIPMENT AND MACHINERY: COMPUTER, CONSTRUCTION, INDUSTRIAL, MANUFACTURING, SEWING AND EMBROIDERY, MEDICAL, VETERINARY, DENTAL, PRINTING, TELEPHONE, GRAPHIC EQUIPMENT, WOODWORKING, FURNITURE, LANDSCAPING, STENOGRAPH/TRANSCRIPTION, HVAC, VIDEO/SECURITY/AUDIO, FIBER OPTICS, PROPANE TANKS, ENERGY MANAGEMENT, SOLAR ENERGY EQUIPMENT, MARKETING/SIGNAGE, SEGWAYS,

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

- 6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

- 6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. **ALTERNATE DESIGNATION (if applicable):**

☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. **OPTIONAL FILER REFERENCE DATA**

48484235 PA-0-43007047-48484235

MATERIAL HANDLING/LIFTS, RESTAURANT, GAMING EQUIPMENT, PARTY AND OFFICE EQUIPMENT AND MACHINERY;
(III) ALL SUBSTITUTIONS AND REPLACEMENTS FOR THE FOREGOING ITEMS, AND ACCESSIONS THERETO,
ATTACHMENTS, AND OTHER ADDITIONS TO SUCH SCF FINANCED GOODS, ALL PRODUCTS AND ALL PROCEEDS THEREOF
(INCLUDING INSURANCE PROCEEDS);
(IV) ALL SOFTWARE RELATED TO THE SCF FINANCED GOODS.

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Lien Solutions-800-331-3282				
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Lien Solutions P.O. Box 29071 Glendale CA 91209-9071 United States</div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				

1a. INITIAL FINANCING STATEMENT FILE NUMBER 2014042405047	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
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2. <input type="checkbox"/> TERMINATION: Effectiveness of the financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement
3. <input type="checkbox"/> ASSIGNMENT: (Full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8
4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.
5. <input type="checkbox"/> PARTY INFORMATION CHANGE Check one of these two boxes: <input type="checkbox"/> This Change affects Debtor or <input type="checkbox"/> Secured Party of record AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)			
6a ORGANIZATION'S NAME			
OR			
6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. CHANGED OR ADDED INFORMATION: Completed for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's Name)				
7a ORGANIZATION'S NAME				
OR				
7b INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	Country

8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate Collateral:
--

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor			
9a ORGANIZATION'S NAME			
OR			
9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: PA-0-68944310-56716335

Filing #: 2016011400382
Date Filed: 01/08/2016
Pedro A. Cortés
Secretary of the Commonwealth

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div> <div> <div>Christopher T. Michelone, Esq.</div> <div>McQuaide Blasko, Inc.</div> <div>601 Hawthorne Drive</div> <div>Hollidaysburg, PA 16648</div> </div> </div>



TML160114UZ0400

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
	Frederick	Larry	R
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
1098 Frederick Road	Martinsburg	PA	16662
			COUNTRY
			USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME			
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
	Frederick	Sharon	E
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
1098 Frederick Road	Martinsburg	PA	16662
			COUNTRY
			USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME			
	M&T Bank		
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
One M&T Plaza	Buffalo	NY	14203
			COUNTRY
			USA

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, including, without limitation, all of the Debtor's Equipment (including, but not limited to, machinery, vehicles and furniture), Fixtures, Inventory, Accounts, Investment Property, chattel Paper, Instruments, Documents and General Intangibles, wherever located, whether now owned or hereafter acquired or arising.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	
<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction
<input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien
<input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA:	

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER(Optional) -	
B. E-MAIL CONTACT AT FILER(optional) -	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> Christopher T Michelone 601 Hawthorne Drive, Suite 2A Hollidaysburg PA 16648 </div>	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	

1. DEBTOR'S NAME: Provide the exact, full Debtor name. Do not omit, modify or abbreviate any part of Debtor's name.

1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
Frederick	Larry	Richard		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1098 Frederick Road	Martinsburg	PA	16662	United States

2. DEBTOR'S NAME: Provide the exact, full Debtor name. Do not omit, modify, or abbreviate any part of the Debtor's name.

2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
Frederick	Sharon	E		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1098 Frederick Road	Martinsburg	PA	16662	United States

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
M&T Bank				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
One M&T Plaza	Buffalo	NY	14203	United States

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, including, without limitation, all of the Debtor's Equipment (including, but not limited to, machinery, vehicles and furniture), Fixtures, Inventory, Accounts, Investment Property, chattel Paper, Instruments, Documents and General Intangibles, wherever located, whether now owned or hereafter acquired or arising.

5. Check only if applicable and check only one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check only if applicable and check only one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check only if applicable and check only one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	

8. OPTIONAL FILER REFERENCE DATA:

1101-467

International Association of Commercial Administrators(IACA)

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER(Optional) NCS UCC Services Group-
B. E-MAIL CONTACT AT FILER(optional) ucc@ncscredit.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> NCS UCC Services Group PO Box 24101 Cleveland OH 44124 United States </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide the exact, full Debtor name. Do not omit, modify or abbreviate any part of Debtor's name.

1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME Frederick	FIRST PERSONAL NAME Larry	ADDITIONAL NAME(S)/INITIAL(S) R	SUFFIX	
1c. MAILING ADDRESS 1098 Frederick Road	CITY Martinsburg	STATE PA	POSTAL CODE 16662	COUNTRY USA

2. DEBTOR'S NAME: Provide the exact, full Debtor name. Do not omit, modify, or abbreviate any part of the Debtor's name.

2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME Frederick	FIRST PERSONAL NAME Sharon	ADDITIONAL NAME(S)/INITIAL(S) E	SUFFIX	
2c. MAILING ADDRESS 1098 Frederick Road	CITY Martinsburg	STATE PA	POSTAL CODE 16662	COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Cargill, Incorporated				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS P.O. Box 6034	CITY Fargo	STATE ND	POSTAL CODE 58108	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

Customer hereby grants Secured Party a purchase money security interest in inventory, products, accounts receivables, or other items and all agricultural products or services received or obtained through this extension of credit.

5. Check only if applicable and check only one box. Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check only if applicable and check only one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check only if applicable and check only one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	

8. OPTIONAL FILER REFERENCE DATA:

UCC# U241566Ref# 924122

International Association of Commercial Administrators(IACA)

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtor name did not fit, check here		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
9a. ORGANIZATION'S NAME		
9b. INDIVIDUAL'S SURNAME		
FIRST PERSONAL NAME		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	

ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (a or b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

a. ORGANIZATION'S NAME					
OR	b. INDIVIDUAL'S SURNAME Frederick				
	FIRST PERSONAL NAME Larry	ADDITIONAL NAME(S)/INITIAL(S) Richard	SUFFIX		
c. MAILING ADDRESS 1098 Frederick Road		CITY Martinsburg	STATE PA	POSTAL CODE 16662	COUNTRY USA

ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (a or b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

a. ORGANIZATION'S NAME Rich-Lou Farms					
OR	b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
c. MAILING ADDRESS 1098 Frederick Road		CITY Martinsburg	STATE PA	POSTAL CODE 16662	COUNTRY USA

ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (a or b)

a. ORGANIZATION'S NAME					
OR	b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable).	14. This FINANCING STATEMENT: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing </div>
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest).	16. Description of real estate:

17. MISCELLANEOUS: